

Appeal Type: Durable Medical Equipment	Appeal Category: The Vest
Case Number: 0200180	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for The Vest for treatment of cystic fibrosis.	Reason for Decision: External review agency determined that this is the most medically beneficial treatment for this patient.

Appeal Type: Durable Medical Equipment	Appeal Category:
Case Number: 0200270	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an electric bone growth stimulator to aid in recovery following a shortening of the ulna due to a fall.	Reason for Decision: External review agency determined that an office visit and a radiology evaluation note improvement to the fracture site and demonstrate fracture healing. This does not meet the health plans medical necessity criteria for this device. The patient must show no progressive signs of healing for the last 3months of a 6month period following the surgery.

Appeal Type: Durable Medical Equipment	Appeal Category: Back Brace
Case Number: 0200363	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for a Copes Scoliosis Brace System which is part of her individualized health treatment program.	Reason for Decision: External review agency determined that this brace system is not recognized by the orthopedic or neurosurgical community for the treatment of scoliosis. The patient has reached skeletal maturity and the likelihood of balanced curve progression is unlikely.